AMENDED IN ASSEMBLY APRIL 28, 2005 AMENDED IN ASSEMBLY APRIL 4, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 1084

Introduced by Assembly Member Vargas

February 22, 2005

An act to amend Section 10290 of, and to add Sections 10371 and 10372 to, the Insurance Code, relating to disability insurance.

LEGISLATIVE COUNSEL'S DIGEST

AB 1084, as amended, Vargas. Policy terms.

Existing law generally regulates health insurance. Existing law prohibits a health insurance policy from being issued or delivered until certain documents are filed with the Insurance Commissioner, and a period of 30 days expires after this filing or the commissioner gives his or her written approval prior to that time.

This bill would change the 30-day period to 30 business days.

Existing law generally regulates disability income insurance, which is insurance against loss of occupational earning capacity arising from injury, sickness, or disablement. Existing law allows disability income insurance policies to include certain optional provisions.

This bill would allow a disability income insurance policy to contain a provision stating that benefits shall not be payable unless the insured is covered under a *medical* health insurance policy *or plan* and is receiving care by a licensed physician that, under prevailing medical standards, is appropriate for the condition causing the disability, except as specified. The bill would also set forth provisions for the payment of additional disability income benefits.

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Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 10290 of the Insurance Code is 2 amended to read:
- 3 10290. A disability policy shall not be issued or delivered to 4 any person in this state until each of the following occurs:
- 5 (a) A copy of the form thereof and, if more than one class of risks is written, of the classification of risks, and the premium rates pertaining thereto are filed with the commissioner.
 - (b) Either of the following occurs:

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- (1) A period of 30 business days expires without notice from the commissioner after the copy is filed.
- (2) The commissioner gives his or her written approval prior to that time.
- SEC. 2. Section 10371 is added to the Insurance Code, to read:
 - 10371. (a) A disability income insurance policy, as defined in subdivision (i) of Section 799.01, may contain a provision that provides that benefits shall not be payable unless the insured is receiving care by a licensed physician that, under prevailing medical standards, is appropriate for the condition causing the disability. This requirement will be deemed to have been met if the insurer receives written proof that, under prevailing medical standards, further care would not be reasonably expected to improve the insured's condition or functional ability.
 - (b) This section shall not apply to an insured, unless the insured is covered under a *medical* health insurance policy *or health insurance plan*.
 - (c) The insurer may require that the physician treating the elaimant insured not be any of the following:
 - (1) The claimant insured.
- 30 (2) The <u>claimant's</u> insured's spouse, child, or domestic 31 partner.
- 32 (3) Related to the <u>claimant's</u> *insured's* spouse or domestic partner.
- 34 (4) Employed by, or have a business relationship with, the 35 elaimant insured.

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1 SEC. 3. Section 10372 is added to the Insurance Code, to 2 read:

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- 10372. (a) The Legislature finds and declares the following:
- (1) Employees with a disability often encounter extraordinary expenses not covered by financial resources.
- (2) Not all individuals have the financial resources to purchase long-term care insurance.
- (3) It is good public policy to make available through group or individual disability income policies additional disability income benefits when employees with a disability find themselves unable to perform certain activities of daily living.
- (b) A disability income insurance policy, as defined in subdivision (i) of Section 799.01, may contain provisions for the payment of additional disability income benefits. An employee covered under a group or individual disability income policy may be required to establish eligibility for disability income benefits only once and shall not be required to reestablish eligibility if, subsequently, the employee with a disability makes a claim for additional disability income benefits. Eligibility for additional disability income benefits shall be established if the employee with a disability is determined to be unable to perform no fewer than two activities of daily living. The determination of eligibility shall be made in writing by a licensed health care practitioner, and an insurer may seek independent confirmation of the health care practitioner's findings. Additional disability income benefits shall be paid as long as the employee with a disability remains eligible for disability income benefits and continues to be unable to perform no fewer than two activities of daily living. Additional disability income benefits may be utilized by the employee with a disability in any manner he or she determines. The certificate issued in conjunction with a group disability income policy containing provisions for the payment of additional disability income benefits shall prominently note that the additional benefits are not long-term care insurance and are not intended as a substitute for long-term care insurance. For purposes of this section, activities of daily living are bathing, dressing, continence, toileting, transferring, and eating.